

Child Care Counts: Stabilization Payment Program Application Guide

FALL 2021



Wisconsin Department of
Children and Families

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About This Guide

This guide details how providers will use DCF's Child Care Provider Portal to apply for the **Child Care Counts: Stabilization Payment Program**, which has an application opening date of **November 8, 2021**, with an additional application window every month through **July 2022**.

Please review all payment program details, eligibility requirements, and terms and conditions on our [webpage](#) before submitting your application.

The Payment Program application is available in the [Child Care Provider Portal](#). Information about [applying for access can be found here](#). For help gaining access to the Child Care Provider Portal, please view the [short instructional video](#) that will help you gain access. If you continue to have issues, please email DCFPlcBECRCBU@wisconsin.gov.

If you are unable to access the Provider Portal, you can contact the Payment Program Call Center for assistance filling out your application over the phone.

IMPORTANT NOTICE

Child Care Counts programs are time-limited programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. **They are not grants** as that term is defined in 45 CFR72 and related federal regulations, and the use of the word "grant" is incidental.



Child Care Counts Call Center

If you need any assistance, please send an email to:
DCFDECECOVID19CCPayments@wisconsin.gov.

If you are unable to email, you may call and leave your detailed questions at: 608-535-3650.


Please note – email is recommended for a faster response.

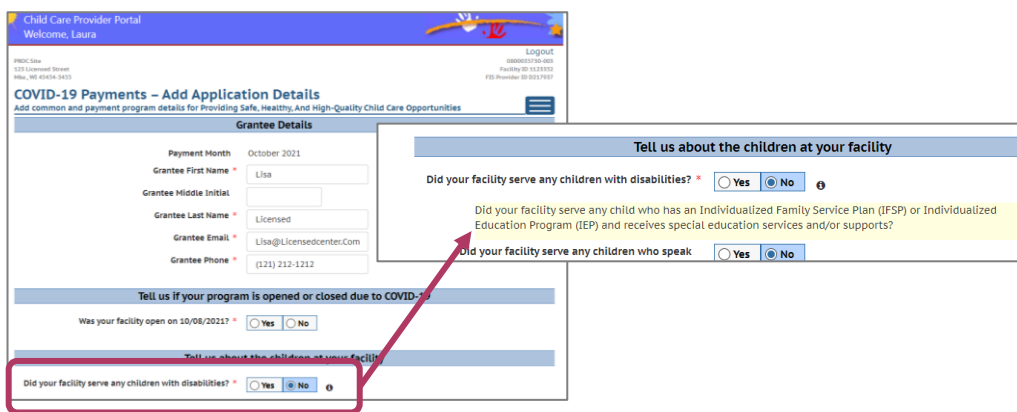
System Notes



The Child Care Provider Portal will time out after 20 minutes of inactivity, which forces users to log back in.



If you see the  icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked to enter.



Child Care Provider Portal
Welcome, Laura

PRDC Site
123 Licensed Street
Milwaukee, WI 53201-1234

Logout
0800035730-003
Facility ID 1123352
FIS Provider ID 0217937

COVID-19 Payments - Add Application Details

Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Grantee Details

Payment Month: October 2021

Grantee First Name: Lisa

Grantee Middle Initial:

Grantee Last Name: Licensed


Grantee Email: Lisa@Licensedcenter.com

Grantee Phone: (212) 212-1212

Tell us if your program is opened or closed due to COVID-19

Was your facility open on 10/06/2021? ☐ Yes ☐ No

Tell us about the children at your facility

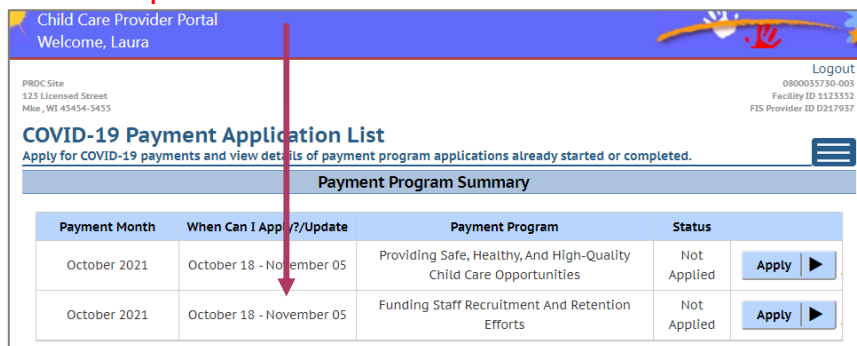
Did your facility serve any children with disabilities? ☐ Yes ☒ No 

Did your facility serve any child who has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) and receives special education services and/or supports?

Did your facility serve any children who speak ☐ Yes ☒ No



Because of the ongoing monthly application window, each time you login to apply, you will see different dates in the **When Can I Apply?/Updates** column. These dates will also differ for every Monthly Application/Update week for entering child/staff information and document upload.



Child Care Provider Portal
Welcome, Laura



PRDC Site
123 Licensed Street
Milwaukee, WI 53201-1234

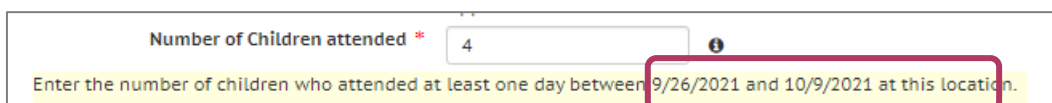
Logout
0800035730-003
Facility ID 1123352
FIS Provider ID 0217937


COVID-19 Payment Application List

Apply for COVID-19 payments and view details of payment program applications already started or completed.

Payment Program Summary

Payment Month	When Can I Apply?/Update	Payment Program	Status	
October 2021	October 18 - November 05	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply 
October 2021	October 18 - November 05	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply 



Number of Children attended * 

Enter the number of children who attended at least one day between 9/26/2021 and 10/9/2021 at this location.

What's New

The *Child Care Counts: Stabilization Payment Program* is designed to offset the continued impact of the pandemic on costs associated with providing early care and education. The latest round of funding is different than previous rounds.

- **Providers submit one application (either at initial application opening in November, or in any month during the Application Week).**
- **As long as provider remains eligible and adheres to terms and conditions, payments will continue automatically every month.**
- **Providers must upload verification documents at initial application and when requested during future Application Update Weeks.**
- **Approved applicants must update staff and child information every month in the application in CCPP during the Monthly Update Week.**
- **Funds must be spent within 120 days of the payment date.**

Pre-Application Document Checklist

This new round of *Child Care Counts: Stabilization Payment Program* requires you to upload Verification Documents when submitting your initial application, and when requested during future Monthly Update Weeks.



Verification Documents

These are required during your initial application and may also be requested in future Monthly Update Weeks.

This includes:

Child Attendance
Records

Staff Employment
Records

Check out our Child Care Counts: [Provider Portal Upload Guide](#) for more information and tips on how to upload your documents.

How to Submit an Application

Child Care Provider Portal

Login
Existing CCPI Users can log in with their User ID and password that you used for SPN.

User ID: lauratake
Password: *****

☐ Show Password
☒ Remember Me
☐ Enable Keyboard Accessibility Features
☐ Enable Screen Reader Features

[Hide Options](#)

Login

Request access and update your user profile in [Account Management](#).
For additional information, visit the [DCF Portal Info](#) webpage.

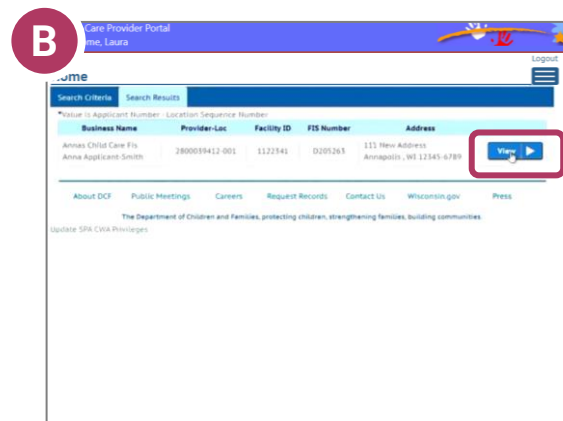
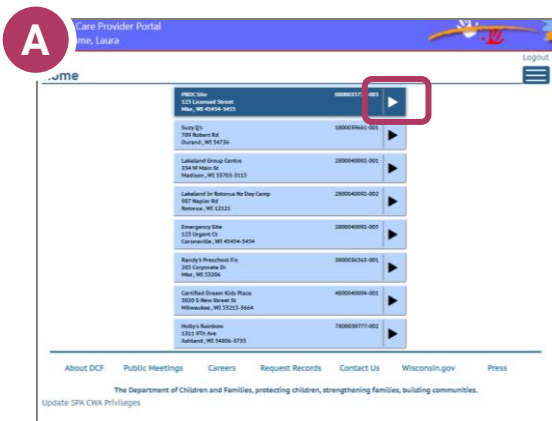
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1. Login Screen

Go to <https://mywchildcareproviders.wisconsin.gov/>

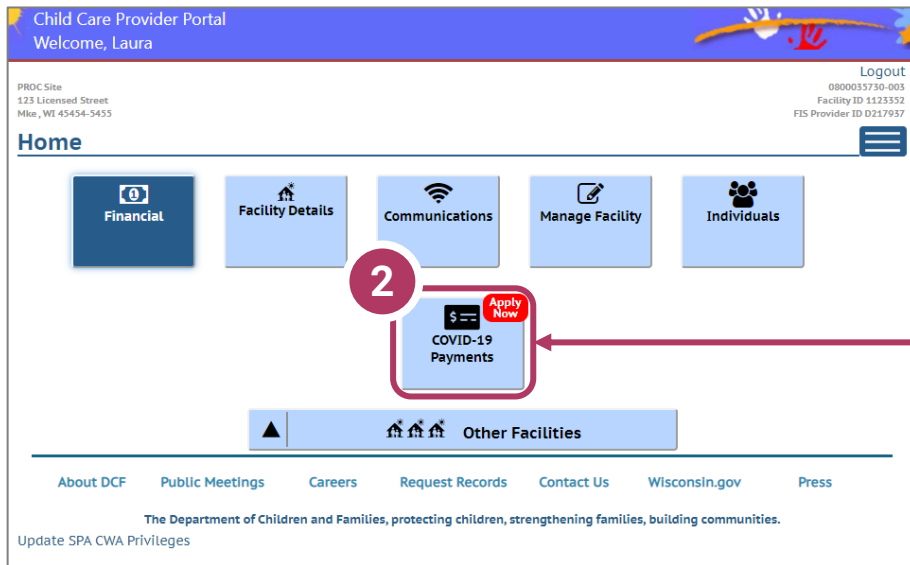
Type your **User ID** and **Password** into the appropriate fields.
Click the **Login** button to continue.



Depending on whether you have one or more locations, your **Home** screen may look like option A – multiple locations, or option B – a single location.

Click the location you want to make your application for.

How to Submit an Application



2. Select COVID-19 payments

To proceed to the application page, click the **COVID-19 Payments** button

Beginning Your Application

3

Child Care Provider Portal
Home, Laura

123 Licensed Street
Mike, WI 45454-5455

Logout
0800055730-005
Facility ID 1123352
FIS Provider ID D217937

COVID-19 Payment Application List

Apply for COVID-19 payments and view details of payment program applications already started or completed.

Payment Program Summary			
Payment Month	When Can I Apply?/Update	Payment Program	Status
October 2021	October 18 - November 05	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied Apply
October 2021	October 18 - November 05	Funding Staff Recruitment And Retention Efforts	Not Applied Apply

3. Start Application

To apply for a specific program, select the **Apply** button on the *Summary* page.

4

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

IMPORTANT NOTICE: The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

What is Program A: Providing Safe, Healthy, And High-Quality Child Care Opportunities?

This payment program is intended to ensure high-quality care is available across the state by supporting the costs to remain in regulatory compliance, enhance health and safety practices, and promote continuous quality improvement with engagement in the YoungStar Quality Rating and Improvement System. Full details about the program can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 10/18/2021 - 11/05/2021. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to gather to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
 - Note: you must be open at the time of the Count Week as identified in the application in order to be eligible for this program.
- Child attendance information

What information do I need to submit to complete this application?

- Child attendance records for 09/26/2021 - 10/09/2021

Child attendance records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments.

What happens after I submit my application?

After the Application Week has closed, DCF will evaluate and determine payments.

- You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check.
- To receive your money the fastest, register with FIS. If you haven't done so already, FIS registration may take up to 10 business days and must be finalized before the end of the review period in order to receive your payment through direct deposit.
- If you prefer to receive a check, you will receive additional instructions with your payment letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance information every month during the Monthly Update Week.

5 **Continue**

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[Update CCR, CWA, Rvolicies](#)

4. Review COVID-19 Payment Information

You will now see an informational screen that details the program you have selected, including:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after submission of the application

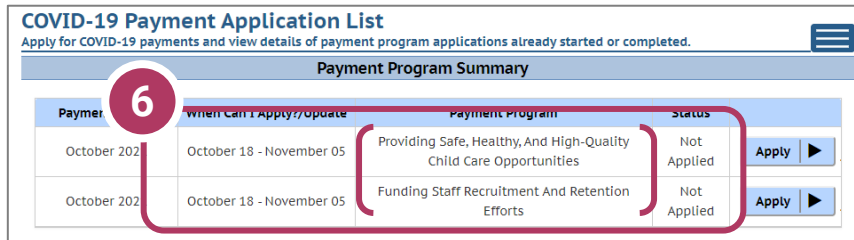
5. Continue

Click **Continue** to go to the *Payment Application Details* page.

Payment Program Summary Page

6. COVID-19 Payment Application List

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance information **every month** during the Monthly Update Week.



Payment Program Summary			
Paymer	When Can I Apply/Update	Payment Program	Status
October 2021	October 18 - November 05	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied
October 2021	October 18 - November 05	Funding Staff Recruitment And Retention Efforts	Not Applied

There are two payment programs for which a provider can apply.

- A. Payment Program A: Increasing Access to High-Quality Care
- B. Payment Program B: Funding Workforce Recruitment and Retention



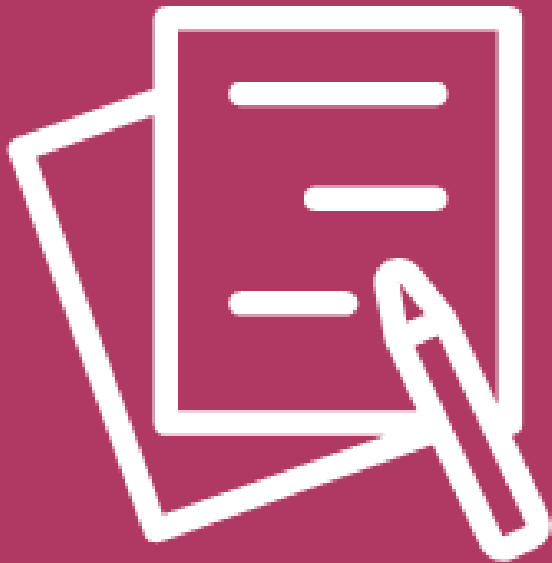
Regulated providers may be able to apply for BOTH payment programs each month. Please review Eligibility and Requirements details on the [Payment Program web page](#).

Beside the Payment Program title, you will also see the **Status** of your application.

Incomplete indicates you have started an application for the program, but your application has not been completed. Click **Details** to return to your application.

Not Applied means you haven't applied for this payment. Click **Apply** to begin your application.

You may make corrections to your application until the end of the application period each month. Applications cannot be modified after the application closes.



APPLYING FOR PAYMENT PROGRAM A

Increasing Access to High-Quality Care

Beginning Your Application

1

Child Care Provider Portal
Welcome, Laura

PRC Site
123 Licensed Street
Milwaukee, WI 53234-5432

Logout
0000015730-003
Facility ID 1113333
FIS Provider ID 0217937

COVID-19 Payment Application List

Apply for COVID-19 payments and view details of payment program applications already started or completed.

Payment Month	When Can I Apply/Update	Payment Program	Status
October 2021	October 18 - November 05	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied Apply
October 2021	October 18 - November 05	Funding Staff Recruitment And Retention Efforts	Not Applied Apply

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Update SPA CWA Privileges

1. Begin Application

On the payment Program *Summary* page, apply for a specific program by clicking the appropriate **Apply** button. In this case, we will click the **Apply** button next to the *Increasing Access to High-Quality Care*.

2. Review Payment Program Information

After selecting to apply for a payment program, you will see an informational screen that details the following:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

2

Child Care Provider Portal
Welcome, Laura

PRC Site
123 Licensed Street
Milwaukee, WI 53234-5432

Logout
0000015730-003
Facility ID 1113333
FIS Provider ID 0217937

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

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What is Program A: Providing Safe, Healthy, And High-Quality Child Care Opportunities?

This payment program is intended to ensure high-quality care is available across the state by supporting the costs to remain in regulatory compliance, enhance health and safety practices, and promote continuous quality improvement with engagement in the YoungStar Quality Rating and Improvement System. Full details about the program can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 10/18/2021 - 11/05/2021. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to gather to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
 - Note: you must be open at the time of the Count Week as identified in the application in order to be eligible for this program.
- Child attendance information

What information do I need to submit to complete this application?

- Child attendance records for 09/26/2021 - 10/09/2021

Child attendance records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments.

What happens after I submit my application?

After the Application Week has closed, DCF will evaluate and determine payments.

- You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check.
- To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days and must be finalized before the end of the review period in order to receive your payment through direct deposit.
- If you prefer to receive a check, you will receive additional instructions with your payment letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance information every month during the Monthly Update Week.

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Update SPA CWA Privileges

3. Continue

Click **Continue** to go to the **Application Details** page.

Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Grantee Details

Payment Month: October 2021

Grantee First Name: Lisa

Grantee Middle Initial:

Grantee Last Name: Licensed

Grantee Email: Lisa@Licensedcenter.Com

Grantee Phone: (121) 212-1212

Tell us if your program is opened or closed due to COVID-19

Was your facility open during Count Week 09/26/2021-10/09/2021? ☒ Yes ☐ No

Tell us about the children at your facility

Did your facility serve any children with disabilities? ☐ Yes ☒ No

Did your facility serve any children who speak languages other than English? ☐ Yes ☒ No

Did your facility serve any children who are experiencing homelessness? ☐ Yes ☒ No

Did your facility serve any children from tribal communities? ☐ Yes ☒ No

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities

4. Add Grantee Details

There is a single funding period for this application.

Be sure to check Yes or No to the questions marked with a red star. 🌟

If inaccurate details are entered, this could delay your application.

5. Tell Us About Program Open/Closures due to COVID-19

Was your facility open during Count Week?

You should check **Yes** if your program is in open status (as opposed to Temporarily Closed), even if you were closed on this day for a vacation day or similar reason. Check **No** if your program was in Closed or Temporarily Closed status on this date.



NOTE: If you applied for previous funding through the original *Child Care Counts Payment Program*, many of the fields throughout the application will be filled in automatically. Please review all fields that are filled in to ensure they are still accurate and update as needed.

Add Application Details for Your Location

Did your facility serve any children who speak languages other than English? * ☐ Yes ☒ No

Did your facility serve any children who are experiencing homelessness? * ☐ Yes ☒ No ⓘ

Did your facility serve any children from tribal communities? * ☐ Yes ☒ No

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children attended * 4 ⓘ **6**

Comments

Add

6. Tell Us About the Children in Your Program

In this section, you can click on the ⓘ icon for more information about what the question is asking.

Number of Children attended * 4 ⓘ

Enter the number of children who attended at least one day between 9/26/2021 and 10/9/2021 at this location.

In this case, clicking the more information icon tells you that you need to add the number of children who attended your location **AT LEAST** one day during the **Count Week**.

Click the **Add** button to move on to the next page.



REMINDER: If you see the ⓘ icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked.

Adding Children Detail

7. Add Children to the Application

You will be asked to add every child who attended at least one day during the **Count Week**. The number of children added in this section must equal the number of children that you indicated were in attendance on the first page of the application: *Add Application Details*.

COVID-19 Payments – Child List

Common Details

Payment Month: October 2021

Grantee Name: Lake, Laura

More

Name	Date of Birth	Care Type
No results found.		

7 Add Child

the children listed above were enrolled for the period of 09/26/2021 to 10/09/2021

Verify

Click the **Add Child** button to get started adding children to your application.

Here you can add children from a previous application. Click **Copy** to add them to your application.

COVID-19 Payments – Previous Funding Period Child List

Common Details

Payment Month: October 2021

Grantee Name: Lake, Laura

More

Children included in previous application

Name	Date of Birth	Care Type
Adam Angry	1/1/2016	Full-Time Care

Copy

Children enrolled in WI Shares as of 09/26/2021 - 10/09/2021

Name	Date of Birth
No results found.	

Add Child

Child List

You can also add new children to this application.

You can also view children that were enrolled in Wisconsin Shares during the **Count Week**.

Adam Angry	1/1/2016	Full-Time Care	Copy
------------	----------	----------------	------

Children enrolled in WI Shares as of 09/26/2021 - 10/09/2021

Name	Date of Birth
No results found.	

Add Child

Click the **Add** button once you have filled out all information on the page.

Previous Payment Child List

8. Verify Previous Child List

If you applied for funding in a previous *Child Care Counts* application, children added to your previous application will appear here, and may be copied into your current application. Click **COPY** to add children to your application. This will take you to the *Child Details* page.

Children included in previous application

Name	Date of Birth	Care Type	
Adam Angry	1/1/2016	Full-Time Care	Copy ▶

COVID-19 Payments – Add Child

Common Details

Payment Month: October 2021
Grantee Name: Lake, Laura

Child Details

First Name: Adam
Middle Initial:
Last Name: Angry
Date of Birth: 1/1/2016
Care Type: ☐ Full-time Care ☐ Part-time Care

Does this child have an Individualized Education Program (IEP) and receive special education services and/or supports? ☐ Yes ☐ No

Does this child have an Individualized Family Service Plan (IFSP)? ☐ Yes ☐ No

Does the child receive Birth to 3 Services? ☐ Yes ☐ No

Speaks language other than English? ☐ Yes ☒ No

Experiencing homelessness? ☐ Yes ☒ No

Living in tribal community? ☐ Yes ☒ No

WI Shares recipient during 09/26/2021 – 10/09/2021? ☐ Yes ☒ No

Attend during 09/26/2021 – 10/09/2021? ☐ Yes ☐ No

Comments:

Add

Child List

Verify child details that were copied and indicate if the child attended at least one day during the **Count Week**.

Click the **Add** button once you have filled out or updated all information on the page.

Adding Children Detail

9. Add Children to the Application

After adding a child to the application, you will be taken to the *Child List* that shows you all the children you have added to your application. Click the **Add Child** button to continue adding children to your application. Remember, the number of children displayed here should match the number of children that you listed as enrolled in the *Grant Details* section.

9 COVID-19 Payments – Child List

Common Details			
Payment Month	October 2021		
Grantee Name	Lake, Laura		
...More			

Name	Date of Birth	Care Type	
Adam Angry	1/1/2016	Full-Time Care	Details
Timmy Fipps	10/21/2018	Full-Time Care	Details
Dodi Mcdodi	9/23/2017	Full-Time Care	Details
Jimbo Mcdiggitywiggity	11/30/2019	Full-Time Care	Details

[Add Child](#)

If you need to update or review the information about a specific child, click on the **Details** button to be taken to that child's record.

COVID-19 Payments – Child Details

Common Details	
Payment Month	October 2021
Grantee Name	Lake, Laura
...More	

Child Details for COVID-19 Payments	
First Name	Adam
Middle Initial	
Last Name	Angry
Date of Birth	1/1/2016
...More	

[Child List](#)

Click on the **...More** button to get to the **Modify Child** Button.

If you have added a child in error to the application, you can remove the child by checking the box **Remove this child from the grant?** in the *Modify Child* screen.

Remove this child from the grant? ☐

[Save](#)

Click **Save** on the *Modify Child Details* page if you have changed any information. You can continue adding children, as needed, or check the I verify... check box and click the **Verify** button.

Upload Verification Documents

10. When you are done adding children, click the I verify... check box and click the **Verify** button.

You will be taken to the **Verification Documents** page. Here, you will upload documentation that shows evidence that the children entered in this application are enrolled and in attendance for this facility.

For example:

- Select the file type, from the drop-down – we are choosing Children Attendance Records.
- Click **Upload** to select the file from your computer.
- Then choose **Save Documents**.
- The document will be added to your list. When you have uploaded the appropriate documents, click the **Submit Application** button.

COVID-19 Payments – Child List

Common Details

Payment Month: October 2021

Grantee Name: Lake, Laura

Name	Date of Birth	Care Type	
Adam Angry	1/1/2016	Full-Time Care	Details ▶
Timmy Flips	10/21/2018	Full-Time Care	Details ▶
Dodi Mcdodi	9/23/2017	Full-Time Care	Details ▶
Jimbob Mcdodgitywiggy	11/30/2019	Full-Time Care	Details ▶

Add Child

Review the above child list and confirm for the period

Upload Verification Document ▶

Application details

COVID-19 Verification Documents

Documents

Date	Type
No results found.	

If this is your first application, you must upload attendance records before you can submit your application. As you update attendance information each month, you may be notified to provide additional records.

Failure to upload documents may result in denial of Program A funds. If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCF@COVID19COPayments@wisconsin.gov

When uploading you should know:

- Files should be uploaded as PDF, JPG, or Word format.
- Individual file size cannot be larger than 10MB. If you have a scanner/copier that does multiple pages into a PDF, that's equivalent to about 20 pages.

Document Type: [Dropdown]

Upload File

Upload Document

Save Documents

Application details

COVID-19 Verification Documents

Documents

If this is your first application, you must upload attendance records before you can submit your application. As you update attendance information each month, you may be notified to provide additional records.

Failure to upload documents may result in denial of Program A funds. If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCF@COVID19COPayments@wisconsin.gov

When uploading you should know:

- Files should be uploaded as PDF, JPG, or Word format.
- Individual file size cannot be larger than 10MB. If you have a scanner/copier that does multiple pages into a PDF, that's equivalent to about 20 pages.

Document Type: [Dropdown]

Upload File

Upload Document

Save Documents

Application details

Submit Application

Finalizing Your Application

COVID-19 Payments - Submit Application

Common Details

Payment Month: October 2021
Grantee Name: Lake, Laura

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID: P00000393
Number of Children attended: 4
Grant Status: Incomplete

Terms and Conditions

Confirmation and Acceptance of Funds

Definition of terms included in these Terms and Conditions

Application Week: The timeframe during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program

Count Week: The point in time for which child and staff information is collected for payment calculations

Monthly Update Week: The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week

Basic Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application

Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar star level for each eligible full-time/part-time staff listed in the application

I certify that the information provided in this application is true and correct to the best of my knowledge.

By accepting Child Care Counts Stabilization Payment Program funds, I agree to all items included in these Terms and Conditions.

I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.

I will not instantaneously furlough (lay off without pay) staff who appear on my center's application, Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.

I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.

I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.

I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.

I can opt out of the program by withdrawing my application before the end of the monthly Application Week.

If, at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.

If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.

I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

☐ I agree to above Confirmation and Acceptance of Funds terms.

Qualifications

I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.

I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.

If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-535-3650 or DCFDECCOVID19CCPayments@wisconsin.gov.

I understand that I must update child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.

I understand that I must update child and staff information every month following my initial application.

Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.

In order to be eligible for payments, I must meet the following qualifications:

Regulated and in good standing as required by the Department of Children and Families (DCF) as of the last date of Application week and each subsequent Monthly Update Week.

In compliance with background check requirements.

In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.

Currently reporting any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.

I understand that the Department of Children and Families may monitor and review my application and use of program funds.

☐ I agree to above Qualifications terms.

Allowable Use of Funds

If I receive funding for Program A - Providing Safe, Healthy, And High-Quality Child Care Opportunities I agree to the following:

I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.

I will use the funds for the following purposes:

Operating expenses, necessary to remain open, including but not limited to mortgage, rent/space costs, utilities, insurance, business-related taxes, and payroll/benefits

Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation

Materials/supplies for enhancing the program environment and curriculum, and social and emotional development supports

Professional development and/or continuing education

Additional costs to ensure high-quality programming

Mental health services for children and employees

Relief from copayments and tuition payments for families

Families can be relieved of out-of-pocket costs, such as tuition or co-pays paid for child care, Wisconsin Shares payments to families cannot be reimbursed.

Providers are encouraged to offer relief from copayments and tuition payments, if financially possible, prioritizing families most in need of financial relief.

☐ I agree to above Allowable Use of Funds terms.

Documentation

DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.

I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:

Program records and supporting documentation related to my application:

Documentation to verify attendance of children entered on my application and during each Count Week

Documentation to verify staff employed at time of application and during each Count Week

Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:

Mortgage/rent/space cost statements

Utility statements

Payroll and benefits records

Documentation of relief of tuition or copayment for families

Expenditures for mental health supports for families and staff

Original invoices and/or receipts for purchases of materials/supplies including, but not limited to:

PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19

Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports

Educational supplies and learning materials

I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.

I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.

Expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

☐ I agree to above Documentation terms

Application Details

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Update SPA Child Policies

11. Review Your Submission

You must correct any entries with red text. They give you specific details about a mismatch or other problem with the entry.

- ☐ Confirmation and Acceptance of Funds: You must accept the Confirmation and Acceptance of Funds terms before submitting.
- ☐ Qualifications: You must accept the Qualifications terms before submitting.
- ☐ Allowable Use of Funds: You must accept the Allowable Use of Funds terms before submitting.
- ☐ Documentation: You must accept the Documentation terms before submitting.

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Any text in red indicates that there is an error that needs correcting. Inconsistent and/or incorrect information will delay and could possibly prevent your application from being processed. **It is imperative you go back and fix any issues noted in red.** If you are having trouble fixing/modifying your application, please email or call for assistance.

Click **Application Details** to return to the application and correct the information, as necessary.

Finalizing Your Application

12. Review the Terms and Conditions

After ensuring that your application is accurate and complete, you will review the **Terms and Conditions** for the program.

12

/ID-19 Payments - Submit Application

Common Details

Payment Month: October 2021
Grantee Name: Laika, Laura

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID: P000000393
Number of Children attended: 4
Grant Status: Incomplete

Terms and Conditions

Confirmation and Acceptance of Funds

Definition of terms included in these Terms and Conditions

Application Week: The timeframe during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program
Count Week: The point in time for which child and staff information is collected for payment calculations
Monthly Update Week: The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week

Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application

Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar star level for each eligible full-time/part-time staff listed in the application

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- By accepting Child Care Counts Stabilization Payment Program funds, I agree to all items included in these Terms and Conditions.
- I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.
- I will not involuntarily furlough (pay off without pay) staff who appear on my center's application. Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.
- I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.
 - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
 - If at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staff reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

☐ I agree to above Confirmation and Acceptance of Funds terms.

Qualifications

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
 - If I have a temporary closure due to COVID-19 exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-555-3650 or DCFCOVID19DCFPayments@dcf.wisconsin.gov.
- I understand that I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I understand that I must update child and staff information every month following my initial application.
 - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
 - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of Application Week and each subsequent Monthly Update Week.
 - In compliance with background check requirements.
 - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - Currently repaying any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

☐ I agree to above Qualifications terms.

Allowable Use of Funds

If I receive funding for Program A - Providing Safe, Healthy, And High-Quality Child Care Opportunities I agree to the following:

- I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
- I will use the funds for the following purposes:
 - Operating expenses, necessary to remain open, including but not limited to mortgage, rent/space costs, utilities, insurance, business-related taxes, and payroll/benefits.
 - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation.
 - Materials/supplies for enhancing the program environment and curriculum, and social and emotional development supports.
 - Professional development and/or continuing education.
 - Additional costs to ensure high-quality programming.
 - Mental health services for children and employees.
 - Relief from copayments and tuition payments for families
 - Families can be relieved of out-of-pocket costs, such as tuition or co-pays paid for child care. Wisconsin Shares payments to families cannot be reimbursed.
 - Providers are encouraged to offer relief from copayments and tuition payments, if financially possible, prioritizing families most in need of financial relief.

☐ I agree to above Allowable Use of Funds terms.

Documentation

- DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.
- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:
 - Program records and supporting documentation related to my application:
 - Documentation to verify attendance of children entered on my application and during each Count Week.
 - Documentation to verify staff employed at time of application and during each Count Week.
 - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Mortgage/rent/space cost statements
 - Utility statements
 - Payroll and benefits records
 - Documentation of relief of tuition or copayment for families
 - Expenditures for mental health supports for families and staff
 - Original invoices and/or receipts for purchases of materials/supplies including, but not limited to:
 - PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19.
 - Materials and supplies for enhancing the program environment and/or curriculum, and social, and emotional development supports
 - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
- Expenses cannot have already been funded by a prior DCF program or reimbursed by another federal fund source.

☐ I agree to above Documentation terms

Submit

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Application Details

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Please note we strongly recommend printing and/or saving these Terms and Conditions and filing all related expenditure documents in a safe place.

13. Submit Your Application

As you read through the **Terms and Conditions** you will be required to check several boxes agreeing to the terms. Once you have agreed to all of them, you can click the **Submit** button to submit your application for the program.

Modifying After Submission

14

14. Updating After Submitting

You will have the ability to update your application after submission, **until the application period ends at midnight**. You will need to modify each section and its detail level information.

To modify the *Common Details*, click the **Modify Common Details** button.

To modify the *Application Details*, specifically the number of children enrolled during the funding period, select the **Modify Application Details** button. Remember, any change in the number of children will affect the number of children who need to be entered in the *Add Children* module.

The screenshot shows a web form titled "COVID-19 Payments - Application Details". It is divided into two main sections: "Common Details" and "Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities".

Common Details Section:

Grantee First Name	Laura
Grantee Middle Initial	
Grantee Last Name	Lake
Grantee Email	laura@lakeland.com
Grantee Phone	(121) 212-1212
Payment Month	October 2021
Was your facility open during Count Week 09/26/2021-10/09/2021?	Yes
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No

A red box highlights the "Modify Common Details" button with a right-pointing arrow. A red line connects this button to the "Common Details" section header.

Payment Program Details Section:

Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000393
Number of Children attended	4
Grant Status	Submitted (view Terms and Conditions)

A red box highlights the "Modify Application Details" button with a right-pointing arrow. A red line connects this button to the "Application Details" section header.

Application Details Section:

Below the "Modify Application Details" button is a row of five buttons: "Temporary Closure", "Children", "Upload Verification Document", "Payment Documents", and "Program Integrity Documents". Each button has an icon above it. A red box highlights these five buttons. A red line connects this box to the "Application Details" section header.

At the bottom of the form is a "Payment Program Summary" button with a left-pointing arrow and a double-checkmark icon.

You can use the **Temporary Closure, Children, Upload Verification Documents, Payment Documents, and Program Integrity Documents** buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.

Update or verify Temporary Closure

15. Temporary Closures

You will be asked to verify any temporary closures during the funding period. If the closures were already updated in the Provider Portal, those details will be shown here. If you need to add a temporary closure period, select the **Add Temporary Closure** button, and you will be taken to the **Closure Schedule** screen shown below.

COVID-19 Payments - Temporary Closure

Common Details

Payment Month: October 2021

Grantee Name: Licensed Child

Verify Temporary Closure

From	To	Closure Reason	Comments	
11/08/21	11/09/21	COVID-19 Exposure of Child(ren) to COVID-19	Jimmy Fipps and Jeannie Fipps both were in contact with a cousin who had COVID-19	Edit

The closure periods should reflect any periods of time your facility was closed during the funding period (9/26/2021 - 10/9/2021). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

Add Temporary Closure

Child List

☐ I verify that the closures listed above are accurate and complete for the period of 9/26/21 to 10/9/21

Verify

Enter the closure dates and select the appropriate reason for the closure from the drop-down menu.

Enter your comments in the **Comments** box. After including all temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.

COVID-19 Payments - Add Closure Schedule

Common Details

Payment Month: October 2021

Grantee Name: Licensed, Lisa

Verify Temporary Closure

From Date: 11/9/2021

To Date: 11/10/2021

Closure Reason

- COVID-19 Exposure of Staff to COVID-19
- COVID-19 Exposure of Child(ren) to COVID-19
- COVID-19 Business decision
- COVID-19 Lack of families
- COVID-19 Lack of staff
- COVID-19 Lack of supplies
- COVID-19 Other

Comments

Temporary Closure



Once you have entered all Temporary Closures, check the box and select **Verify** to continue through the application.

☐ I verify that the closures listed above are accurate and complete for the period of 9/26/2021 to 10/9/2021.

Verify



APPLYING FOR PAYMENT PROGRAM B

Funding Workforce Recruitment and Retention

Beginning Your Application

1

COVID-19 Payment Application List
COVID-19 payments and view details of payment program applications already started or completed.

Payment Program Summary				
Payment Month	When Can I Apply/Update	Payment Program	Status	
October 2021	October 18 - November 05	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Submitted	Details
October 2021	October 18 - November 05	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply

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1. Begin Application

On the *Payment Program Summary* page, apply for the program by clicking the appropriate **Apply** button. In this case, we will click the **Apply** button next to Funding Workforce Recruitment and Retention program.

2. Review Payment Program Information

After selecting to apply for a payment program, you will see an informational screen that details the following:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

3. Continue

Click **Continue** to go to the **Application Details** page.

Child Care Provider Portal
Welcome, Laura

Emergency Site
123 Urgent Ctr
Coronavirus, WI 45454-5454

Log Out
280040092-005
Facility ID 1123456
FIS Provider ID 0218681

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

IMPORTANT NOTICE: The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

What is Program B: Funding Staff Recruitment And Retention Efforts?
This payment program is intended to support the costs associated with recruiting and retaining high-quality early care and education staff through funding to increase compensation and provide professional development opportunities. Full details about the program can be viewed on the [payment information page](#).

When Can I Apply?
You may apply for this payment anytime from 10/18/2021 - 11/05/2021. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to gather to complete this application?
The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
 - Note: you must be open during the Count Week identified in this application in order to be eligible for this program.
- Staff information (employment status, part/full-time status and current wages/rate of pay)
- Child attendance information (if only applying for Program B)

What information do I need to upload to complete this application?

- Staff payroll records for 09/26/2021 - 10/09/2021.
- Child attendance records (unless already uploaded with Program A application)

Staff payroll records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments. If you are only applying for Program B, child attendance records must also be uploaded with your initial application (and in future months when requested).

What happens after I submit my application?
After the Application Week has closed, DCF will evaluate and determine payments.

- You will be notified by email when the review process has been completed.
- Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days and must be finalized before the end of the review period in order to receive your payment through direct deposit.
- If you prefer to receive a check, you will receive additional instructions with your payment letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance and staff information every month during the Monthly Update Week.

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Add Application Details for Your Location

COVID-19 Payments – Add Application Details
Add common and payment program details for Funding Staff Recruitment And Retention Efforts

Grantee Details

Payment Month: October 2021

Grantee First Name * Laura

Grantee Middle Initial

Grantee Last Name * Lake

Grantee Email * Laura@Lakeland.Com

Grantee Phone * (121) 212-1212

Tell us if your program is opened or closed due to COVID-19

Was your facility open during Count Week 09/26/2021-10/09/2021? ☒ Yes ☐ No

Tell us about the children at your facility

Did your facility serve any children with disabilities? ☐ Yes ☒ No

Did your facility serve any children who speak languages other than English? ☐ Yes ☒ No

Did your facility serve any children who are experiencing homelessness? ☐ Yes ☒ No

Did your facility serve any children from tribal communities? ☐ Yes ☒ No

Payment Program Details for Funding Staff Recruitment And Retention Efforts

Payment Program: Funding Staff Recruitment And Retention Efforts

Number of Children attended * 4

Comments

4. Add Grantee Details

There is a single funding period for this application.

Be sure to check Yes or No to the questions marked with a red star. ✖

If inaccurate details are entered, this could delay your application.

5. Tell Us About Program Open/Closures

Was your facility open during the **Count Week**?

Check **Yes** if your program is in open status (as opposed to Temporarily Closed), even if you were closed on this day for a vacation day or similar reason. Check **No** if your program was in Closed or Temporarily Closed status on this date.



NOTE: If you applied for previous funding through the original *Child Care Counts Payment Program*, many of the fields throughout the application will be filled in automatically. Please review all fields that are filled in to ensure they are still accurate and update as needed.

Add Application Details for Your Location

Tell us if your program is opened or closed due to COVID-19

Was your facility open during Count Week 09/26/2021-10/09/2021? * ☒ Yes ☐ No ⓘ

Tell us about the children at your facility

Did your facility serve any children with disabilities? * ☐ Yes ☒ No ⓘ

Did your facility serve any children who speak languages other than English? * ☐ Yes ☒ No ⓘ

Did your facility serve any children who are experiencing homelessness? * ☐ Yes ☒ No ⓘ

Did your facility serve any children from tribal communities? * ☐ Yes ☒ No ⓘ

Payment Program Details for Funding Staff Recruitment And Retention Efforts

Payment Program	Funding Staff Recruitment And Retention
Number of Children attended * <input type="text" value="4"/> ⓘ	
Comments <input type="text"/>	

Add

6. Tell Us About the Children in Your Program

In this section, you can click on the ⓘ icon for more information about what the question is asking.

Number of Children attended * ⓘ

Enter the number of children who attended at least one day between 9/26/2021 and 10/9/2021 at this location.

In this case, clicking the more information icon tells you that you need to add the number of children who attended your location **AT LEAST** one day during the **Count Week**.

Click **Add** to move on to the next page.



NOTE: If you see the ⓘ icon next to a field and you are unsure about what to enter, click the icon to get more information about what you are being asked to enter.

Attaching Staff to the Program

7. Review Staff Associated with Location

You will be asked to verify every staff member who worked at your location during the funding period. All individuals attached to your location will be displayed on this page. If you have not applied previously, the page may initially display 'No results found,' in which case, you will click **Add Staff**.

Staff		
Name	Care Type	Current Payroll
No results found.		

Individuals with symbol next to their name need a fingerprint-based background check. Only individuals in compliance with background check laws are eligible for Child Care Counts staff payments.

Add Staff ▶

Here you can view and add staff. To add staff, click the **Add Staff** button.

Staff		
Name	Care Type	Current Payroll
Pound C Cake	Ful-Time	Yes

Details ▶

Add Staff ▶

Click here to add staff.

Click here to view staff details.



If you are a family provider, and you are the only employee at your location, you will only need to add yourself.

Adding Individual Staff

8. Add Staff to Be Considered for Funding

You are then taken to the *Staff* page to review all the individuals attached to the application.


8 VID-19 Payments - Staff
Attached to COVID-19 Payments Request

Common Details

Payment Month: October 2021
Grantee Name: Licensed, Lisa

Staff


Name	Care Type	Current Payroll
No results found.		

Individuals with  symbol next to their name need a fingerprint-based background check. Only individuals in compliance with background check laws are eligible for Child Care Counts staff payments.

Add Staff

To add a staff member to be considered for program funding, use the **Select** button to fill out the staff-level details.

Once you have finished adding all individuals to the application, select the **Verify** button to proceed with the application.

Individuals			
Name	Role(s)	Employment Period	
Andy Angry	Administrator	05/07/20	Select
Eeva Emergency	Director	03/27/20	Select
 Erik Emergency	Director	04/01/20	Select
Tom Trouble	Director - Assistant	05/07/20	Select

COVID-19 Payments - Staff
Add Staff

Common Details

Payment Month: October 2021
Grantee Name: Lake, Laura

Individual

Name: Andy Angry
Employment Period: 5/7/2020

Staff Details


Care Type? ☐ This person typically works 21 or more hours per week at this location
☐ This person typically works 20 or fewer hours per week at this location


Is the individual on payroll at anytime between 09/16/2021 and 10/09/2021? ☐ Yes ☐ No

Comments

Add Staff

Staff List

Note: Individuals with  symbol next to their name need a fingerprint-based background check. **Only individuals in compliance with background check laws are eligible for Child Care Counts staff payments.**

Individual	
Name	 Erik Emergency
Employment Period	4/1/2020

Adding Children Detail

9. Add Children to the Application

You will be asked to add every child who attended at least one day between **during the Count Week**. The number of children added in this section must equal the number of children that you indicated were in attendance on the first page of the application: *Add Application Details*.

COVID-19 Payments – Child List

Common Details

Payment Month: October 2021

Grantee Name: Lake, Laura

Name Date of Birth Care Type

No results found.

9 Add Child

. the children listed above were enrolled for the period of 09/26/2021 to 10/09/2021

Verify

Click the **Add Child** button to get started adding children to your application.

Here, you can add children from a previous application. Click **Copy** to add them to your application.

COVID-19 Payments – Previous Funding Period Child List

Common Details

Payment Month: October 2021

Grantee Name: Lake, Laura

Children included in previous application

Name Date of Birth Care Type

Adam Angry 1/1/2016 Full-Time Care Copy

Children enrolled in WI Shares as of 09/26/2021 - 10/09/2021

Name Date of Birth

No results found.

Add Child

Child List

You can also add new children to this application.

You can also view children that were enrolled in Wisconsin Shares during **during the Count Week**.

Adam Angry 1/1/2016 Full-Time Care Copy

Children enrolled in WI Shares as of 09/26/2021 - 10/09/2021

Name Date of Birth

No results found.

Add Child

Click the **Add** button once you have filled out all information on the page.

Previous Payment Child List

10. Verify Previous Child List

If you applied for funding in a previous *Child Care Counts* application, children added to your previous application will appear here, and may be copied into your current application. Click **COPY** to add children to your application. This will take you to the *Child Details* page.

Children included in previous application

Name	Date of Birth	Care Type	
Adam Angry	1/1/2016	Full-Time Care	Copy ▶

COVID-19 Payments – Add Child

Common Details

Payment Month: October 2021
Grantee Name: Lake, Laura

Child Details

First Name: Adam
Middle Initial:
Last Name: Angry
Date of Birth: 1/1/2016
Care Type: ☐ Full-time Care ☐ Part-time Care

Does this child have an Individualized Education Program (IEP) and receive special education services and/or supports? ☐ Yes ☐ No

Does this child have an Individualized Family Service Plan (IFSP)? ☐ Yes ☐ No

Does the child receive Birth to 3 Services? ☐ Yes ☐ No

Speaks language other than English? ☐ Yes ☒ No

Experiencing homelessness? ☐ Yes ☒ No

Living in tribal community? ☐ Yes ☒ No

WI Shares recipient during 09/26/2021 – 10/09/2021? ☐ Yes ☒ No

Attend during 09/26/2021 – 10/09/2021? ☐ Yes ☐ No

Comments:

Add

Child List

Verify child details that were copied and indicate if the child attended at least one day **during the Count Week.**

Click the **Add** button once you have filled out or updated all information on the page.

Adding Children Detail

11. Add Children to the Application

After adding a child to the application, you will be taken to the *Child List* that shows you all the children you have added to your application. Click the **Add Child** button to continue adding children to your application. Remember, the number of children displayed here should match the number of children that you listed as enrolled in the *Grant Details* section.

11 COVID-19 Payments – Child List

Common Details			
Payment Month	October 2021		
Grantee Name	Lake, Laura		
...More			

Name	Date of Birth	Care Type	
Adam Angry	1/1/2016	Full-Time Care	Details
Timmy Fipps	10/21/2018	Full-Time Care	Details
Dodi Mcdodi	9/23/2017	Full-Time Care	Details
Jimbo Mcdiggitywiggity	11/30/2019	Full-Time Care	Details

[Add Child](#)

If you need to update or review the information about a specific child, click on the **Details** button to be taken to that child's record.

COVID-19 Payments – Child Details

Common Details	
Payment Month	October 2021
Grantee Name	Lake, Laura
...More	

Child Details for COVID-19 Payments	
First Name	Adam
Middle Initial	
Last Name	Angry
Date of Birth	1/1/2016
...More	

[Child List](#)

Click on the **...More** button to get to the **Modify Child** Button.

If you have added a child in error to the application, you can remove the child by checking the box **Remove this child from the grant?** in the *Modify Child* screen.

Remove this child from the grant?	<input type="checkbox"/>
Save	

Click **Save** on the *Modify Child Details* page if you have changed any information. You can continue adding children, as needed, or check the *I verify...* check box and click the **Verify** button.

Upload Verification Documents

12

12. When you have added the children, click the **Upload Verification Document** button to proceed to the next step in the process.

You will be taken to the **Verification Documents** page. Here, you will upload documentation that shows evidence that the staff entered in this application are on the payroll for this facility.

For example:

- Select the file type, from the drop-down – we are choosing **Employee Payroll Records**.
- Click upload to select the file from your computer.
- Then choose **Save Documents**.
- The document will be added to your list. When you have uploaded the required documents, click the **Submit Application** button.

COVID-19 Payments – Child List

Common Details

Payment Month: October 2021
Grantee Name: Lake, Laura

Name	Date of Birth	Care Type	Details
Adam Angry	1/1/2016	Full-Time Care	Details
Timmy Fippo	10/21/2018	Full-Time Care	Details
Dodi Mcdod	9/23/2017	Full-Time Care	Details
Jimbo Mcdodgitywiggy	11/30/2019	Full-Time Care	Details

Add Child

Review the above child list and confirm for the period.

Upload Verification Document

Application details

As you update staff information each month, you may be notified to provide additional records. The documentation must contain the following information:

1. Staff full name
2. Staff current hourly wage or yearly salary
3. Schedule or worked hours (confirm part-time or full-time status)

Failure to upload documents may result in denial of Program A funds. If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCF@CECOVID19CCPayments@wisconsin.gov

When uploading you should know:

1. Files should be uploaded as PDF, JPG, or Word format.
2. Individual file size cannot be larger than 10MB. If you have a scanner/copy that does multiple pages into a PDF, that's equivalent to about 20 pages.

Document Type: **Employee Payroll Records**

Upload File

Document Type: Children Attendance Records, Employee Payroll Records, Employment Letter (Staff Or Self), Paystubs, Schedules, Timesheets

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DCF@CECOVID19CCPayments@wisconsin.gov

When uploading you should know:

1. Files should be uploaded as PDF, JPG, or Word format.
2. Individual file size cannot be larger than 10MB. If you have a scanner/copy that does multiple pages into a PDF, that's equivalent to about 20 pages.

Document Type: **Employee Payroll Records**

Upload File

Document Type: Children Attendance Records, Employee Payroll Records, Employment Letter (Staff Or Self), Paystubs, Schedules, Timesheets

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COVID-19 Verification Documents

Date	Staff Name	Document Type
10/01/21	Staff Document: Employee Payroll Records	Employee Payroll Records
10/01/21	Child Document: Children Attendance Records	Children Attendance Records

If this is your first application, you must upload documentation that shows evidence that staff entered on the payroll before you can submit your application. If you are only resubmitting for Program A, you must also upload attendance records to verify child placement for the Staff Name.

As you update staff information each month, you may be notified to provide additional records. The documentation must contain the following information:

1. Staff full name
2. Staff current hourly wage or yearly salary
3. Schedule or worked hours (confirm part-time or full-time status)

Failure to upload documents may result in denial of Program A funds. If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCF@CECOVID19CCPayments@wisconsin.gov

When uploading you should know:

1. Files should be uploaded as PDF, JPG, or Word format.
2. Individual file size cannot be larger than 10MB. If you have a scanner/copy that does multiple pages into a PDF, that's equivalent to about 20 pages.

Document Type: **Employee Payroll Records**

Upload File

Save Documents

Submit Application

Finalizing Your Application

Welcome, Laura

Emergency Site
2121 Wagon Hill
Greenfield, WI 54601-0001

Logout
280000000-000
Password ID: 11111111
DOB: 00/00/0000

COVID-19 Payments - Submit Application

Common Details

Payment Month: October 2021

Grantee Name: Lala, Laura

Payment Program Details for **Funding Staff Recruitment And Retention Efforts**

Payment Program: Funding Staff Recruitment And Retention Efforts

Grant Application ID: R000000394

Number of Children attended: 4

Grant Status: Incomplete

Terms and Conditions

Confirmation and Acceptance of Funds

Definition of terms included in these Terms and Conditions

Application Week: The timeframe during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program

Count Week: The point in time for which child and staff information is collected for payment calculations

Monthly Update Week: The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week

Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application

Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar star level for each eligible full-time/part-time staff listed in the application

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- By accepting **Child Care Counts Stabilization Payment Program** funds, I agree to all items included in these Terms and Conditions
- I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.
- I will not involuntarily furlough pay off without pay staff who appear on my center's application, **Child Care Counts Stabilization Payment Program** funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.
- I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.
 - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
 - If at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
 - I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

☐ I agree to above Confirmation and Acceptance of Funds terms.

Qualifications

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
 - If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 408-535-5650 or DCFCECOVID@DCFpayments@wisconsin.gov.
- I understand that I must update child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I understand that I must update child and staff information every month following my initial application.
 - Failure to update child and staff information may result in my overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
 - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of Application Week and each subsequent Monthly Update Week.
 - In compliance with background check requirements.
 - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - Currently receiving any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

☐ I agree to above Qualifications terms.

Allowable Use of Funds

Under Program B - Funding Staff Recruitment And Retention Efforts, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar also will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter.

If I receive funding for Program B - Funding Staff Recruitment And Retention Efforts I agree to the following:

- I will use the funds to support necessary and reasonable costs associated with recruiting and retaining high-quality staff by providing wage increases, bonuses, and/or benefits to current or future employees with approved background checks.
- I will increase compensation through wages, bonuses, or benefits for each staff person included in that month's Count Week by at least the Base Per-Staff amount.
 - For programs participating in YoungStar, I will use the awarded Quality Incentive Per Staff amount towards one or more of the following: wage increases; bonuses; benefits; professional development; and staff trainings, scholarships, or other continuing education expenses.
 - I will not use the funds to pay volunteers.
 - I will not use the funds to pay household members who are not on staff and actively caring for children.
- High-level administration staff for group providers may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and licensees.
- For certified providers: In accordance with DCF 202.08(1)(m) all providers must also be approved by the certification worker prior to working in the program.
 - As a certified provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program.

☐ I agree to above Allowable Use of Funds terms.

Documentation

- DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.
- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:
 - Program records and supporting documentation related to my application:
 - Documentation to verify attendance of children enrolled on my application and during each Count Week.
 - Documentation to verify staff employed at time of application and during each Count Week.
 - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Employee payroll, registers or other payroll system substantiation of pay rate increase
 - Communications/notification to employees of wage increase or personnel policy explaining wage increase
 - Receipts for ongoing support for staff retention, including training, professional development, and continuing education
 - Documentation to verify use of funds for recruitment efforts for hiring new staff
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
- Expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

☐ I agree to above Documentation terms

Submit

Application Details

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Update SPA Child Privileges

13. Review Your Submission

You must correct any entries with red text. They give you specific details about a mismatch or other problem with the entry.

- Confirmation and Acceptance of Funds: You must accept the Confirmation and Acceptance of Funds terms before submitting.
- Qualifications: You must accept the Qualifications terms before submitting.
- Allowable Use of Funds: You must accept the Allowable Use of Funds terms before submitting.
- Documentation: You must accept the Documentation terms before submitting.

13

Any text in red indicates that there is an error that needs correcting. Inconsistent and/or incorrect information will delay and could possibly prevent your application from being processed. **It is imperative you go back and fix any issues noted in red.** If you are having trouble fixing/modifying your application, please email or call for assistance.

Click **Application Details** to return to the application and correct the information, as necessary.

Finalizing Your Application

14. Review the Terms and Conditions

After ensuring that your application is accurate and complete, you will review the **Terms and Conditions** for the program.

14

Welcome, Laura

COVID-19 Payments - Submit Application

Common Details

Payment Month: October 2021

Grantee Name: Lake, Laura

Payment Program Details for Funding Staff Recruitment And Retention Efforts

Payment Program: Funding Staff Recruitment And Retention Efforts

Grant Application ID: R00000394

Number of Children attended: 4

Grant Status: Incomplete

Terms and Conditions

Confirmation and Acceptance of Funds

Definition of terms Included in these Terms and Conditions

Application Week: The timeframe during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program

Court Week: The point in time for which child and staff information is collected for payment calculations

Monthly Update Week: The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Court Week

Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application

Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar star level for each eligible full-time/part-time staff listed in the application

I certify that all information provided in this application is true and correct to the best of my knowledge.

By accepting Child Care Counts Stabilization Payment Program funds, I agree to all items included in these Terms and Conditions.

I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.

I will not involuntarily furlough (lay off without pay) staff who appear on my center's application, Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.

I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.

I understand that this program will require monthly updates to number of children attending and staff employed during the Court Week.

I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.

I can opt out of the program by withdrawing my application before the end of the monthly Application Week.

If, at any time during the program, my program will not be able to reopen within 14 days of the date of closure in order to receive funding for the following month, I must notify the Child Care Counts call center at 608-335-3650 or DCFCOVID19Payments@wisconsin.gov.

If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.

I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds I fail to meet the terms and conditions of the program.

I agree to above Confirmation and Acceptance of Funds terms.

Qualifications

I certify that my program is currently regulated and in good standing during the Court Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.

I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Court Week identified for each month.

If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-335-3650 or DCFCOVID19Payments@wisconsin.gov.

I understand that I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.

I understand that I must update child and staff information every month following my initial application.

Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.

I understand that in order to be eligible for payments, I must meet the following qualifications:

- Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of Application week and each subsequent Monthly Update Week.
- In compliance with background check requirements.
- In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
- Currently reporting any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.

I understand that the Department of Children and Families will monitor and review my application and use of program funds.

I agree to above Qualifications terms.

Allowable Use of Funds

Under Program B - Funding Staff Recruitment And Retention Efforts, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar also will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter.

If I receive funding for Program B - Funding Staff Recruitment And Retention Efforts I agree to the following:

- I will use the funds to support necessary and reasonable costs associated with recruiting and retaining high-quality staff by providing wage increases, bonuses, and/or benefits to current or future employees with approved background checks.
- I will increase compensation (through wages, bonuses, or benefits) for each staff person included in that month's Court Week by at least the Base Per-Staff amount.
 - For programs participating in YoungStar, I will use the awarded Quality Incentive Per Staff amount towards one or more of the following: wage increases; bonuses; benefits; professional development; and staff trainings, scholarships, or other continuing education expenses.
 - I will not use the funds to pay volunteers.
 - I will not use the funds to pay household members who are not on staff and actively caring for children.
 - High-level administrative staff for group providers may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and licensees.
 - For certified providers: In accordance with DCF 202.08(1m)(f) all providers must also be approved by the certification worker prior to working in the program.
 - As a certified provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program.

I agree to above Allowable Use of Funds terms.

Documentation

DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.

I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:

- Program records and supporting documentation related to my application:
 - Documentation to verify attendance of children entered on my application and during each Court Week
 - Documentation to verify staff employed at time of application and during each Court Week
- Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Employee payroll registers or other payroll system substantiation of pay rate increase
 - Communications/notification to employees of wage increase or personnel policy explaining wage increase
 - Receipts for ongoing support for staff retention, including training, professional development, and continuing education
- Documentation to verify use of funds for recruitment efforts for hiring new staff

I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.

I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.

Expenses cannot have already been funded by a prior DCF program or reimbursed by another external fund source.

I agree to above Documentation terms

Submit

Application Details

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Update SPA OWA Privileges

Please note we strongly recommend printing and/or saving these Terms and Conditions and filing all related expenditure documents in a safe place.

15. Submit Your Application

As you read through the **Terms and Conditions**, you will be required to check several boxes agreeing to the terms. Once you have agreed to all of them, you can click the **Submit** button to submit your application for the program.

15

Modifying After Submission

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16. Updating After Submitting

You will have the ability to update your application after submission, **until the application period ends at midnight**. You will need to modify each section and its detail level information.

To modify the *Common Details*, click the **Modify Common Details** button.

To modify the *Application Details*, specifically the number of children enrolled during the funding period, select the **Modify Application Details** button. Remember, any change in the number of children will affect the number of children who need to be entered in the *Add Children* module.

The screenshot shows the 'COVID-19 Payments - Application Details' form. It is divided into two main sections: 'Common Details' and 'Payment Program Details for Funding Staff Recruitment And Retention Efforts'. The 'Common Details' section contains fields for Grantee information (First Name, Middle Initial, Last Name, Email, Phone, Payment Month) and a series of yes/no questions about facility operations and children's needs. A red box highlights the 'Modify Common Details' button. The 'Payment Program Details' section contains fields for Payment Program, Grant Application ID, Number of Children attended, and Grant Status. A red box highlights the 'Modify Application Details' button. Below these sections is a row of six buttons: 'Temporary Closure', 'Staff', 'Children', 'Upload Verification Document', 'Payment Documents', and 'Program Integrity Documents'. A red box highlights these buttons. At the bottom, there is a 'Payment Program Summary' button and a navigation bar with links like 'About DCF', 'Public Meetings', 'Careers', 'Request Records', 'Contact Us', 'Wisconsin.gov', and 'Press'. Red lines and arrows connect the text instructions to the corresponding buttons and sections in the form.

Common Details	
Grantee First Name	Laura
Grantee Middle Initial	
Grantee Last Name	Lake
Grantee Email	laura@lakeland.com
Grantee Phone	(121) 212-1212
Payment Month	October 2021
Was your facility open during Count Week 09/26/2021-10/09/2021?	Yes
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No

Payment Program Details for Funding Staff Recruitment And Retention Efforts	
Payment Program	Funding Staff Recruitment And Retention Efforts
Grant Application ID	R000000394
Number of Children attended	4
Grant Status	Submitted (view Terms and Conditions)

Buttons: Temporary Closure, Staff, Children, Upload Verification Document, Payment Documents, Program Integrity Documents

Summary: Payment Program Summary

Footer: About DCF, Public Meetings, Careers, Request Records, Contact Us, Wisconsin.gov, Press

You can use the **Temporary Closure, Children, Upload Verification Documents, Payment Documents, and Program Integrity Documents** buttons to update those specific sections of the application. Refer to the previous instructions in this guide for specifics.

Update or Verify Location Temporary Closures

17. Temporary Closures

You will be asked to verify any temporary closures during the funding period. If the closures were already updated in the Provider Portal, those details will be shown here. If you need to add a temporary closure period, select the **Add Temporary Closure** button, and you will be taken to the **Closure Schedule** screen shown below.

The screenshot shows the 'COVID-19 Payments - Temporary Closure' interface. A red circle with the number '17' is in the top right corner. A red arrow points from the 'Add Temporary Closure' button to the 'COVID-19 Payments - Add Closure Schedule' screen. Another red arrow points from the 'Verify' button to the 'I verify that the closures listed above are accurate and complete for the period of 9/26/2021 to 10/9/2021.' checkbox.

COVID-19 Payments - Temporary Closure

Common Details

Payment Month: October 2021
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From	To	Closure Reason	Comments
11/08/21	11/09/21	COVID-19 Exposure of Child(ren) to COVID-19	Jimmy Fipps and Jeannie Fipps both were in contact with a cousin who had COVID-19

☐ I verify that the closures listed above are accurate and complete for the period of 9/26/2021 to 10/9/2021.

COVID-19 Payments - Add Closure Schedule

Common Details

Payment Month: October 2021
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From Date: 11/9/2021
To Date: 11/10/2021

Closure Reason

Comments

COVID-19 Exposure of Child(ren) to COVID-19

COVID-19 Exposure of Staff to COVID-19

COVID-19 Business decision

COVID-19 Lack of families

COVID-19 Lack of staff

COVID-19 Lack of supplies

COVID-19 Other

Temporary Closure

Enter the closure dates and select the appropriate reason for the closure from the drop-down menu.

Enter your comments in the Comments box. After including all temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.



Once you have entered all Temporary Closures, check the box and select **Verify** to continue through the application.

☐ I verify that the closures listed above are accurate and complete for the period of 9/26/2021 to 10/9/2021.

Verify



Appendix

APPENDIX I

Adding Individuals to the Child Care Provider Portal

This module allows child care providers to enter current and prospective employees and household members for background check purposes.

Individuals

Select Staff to Attach to COVID-19 Payments Request

If a staff member is not listed below, access the Individuals link in the right-side sandwich menu to add the staff member onto your Individual list.

Common Details

Payment Month


October 2021


Grantee Name

Lake, Laura

...More

Individuals

Name	Role(s)	Employment Period	
Eeva Emergency	Director	03/27/20	Select ▶
 Erik Emergency	Director	04/01/20	Select ▶
Tom Trouble	Director - Assistant	05/07/20	Select ▶

Individuals with  symbol next to their name need a fingerprint-based background check. Only individuals in compliance with background check laws are eligible for Child Care Counts staff payments.

◀ Staff List ▶

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Update SPA CWA Privileges

If you do not see an individual who worked on your staff during the funding period, you must add them through this module if you want them to be considered for funding.

Individuals will not be able to be attached until they have a background check request on file.

Follow the link below to download the latest **Child Care Provider Portal (CCPP) User Guide**.



<https://dcf.wisconsin.gov/files/publications/pdf/5221.pdf>